

**Instructions for Preparing  
Competitive Grant Applications  
under the  
AoA Alzheimer's Demonstration Program**

**Closing Date for Submission of Applications:  
April 24, 2002**

**[Note: Eligible applicants are limited to State Agencies]**

**U.S. Administration on Aging  
2002**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

[Program Announcement No. AoA-02-02]

### Fiscal Year 2002 Program Announcement and Application Kit Administration on Aging (AoA)

**ACTION:** Announcement that grant awards will be made to States for the purpose of planning, establishing, and operating services and assistance for persons with Alzheimer's disease and related disorders, their families and others who care for them. The accompanying set of materials comprises the **application kit** for preparing and submitting grant proposals to compete for these project awards.

**SUMMARY:** The Administration on Aging (AoA) announced in the *Federal Register* that it will hold a competition for grant awards to: (1) develop models of assistance for persons with Alzheimer's Disease and their families, and (2) improve the responsiveness of the existing home and community based care systems for persons with Alzheimer's Disease and related disorders and their families.

This program announcement consists of two parts. ***Part I*** provides guidance for completion of the budget documents and program narrative, gives background information, describes the program priority area, and offers general information of interest to all applicants under AoA's Alzheimer's Disease Demonstration Grants to States Program. ***Part II*** describes the process governing the consideration of project applications for funding and provides guidance on how to format and submit an application.

All of the forms, assurances, and certifications necessary to complete the application, as well as sample formats, are included as attachments following ***Part II***. The **project period** will be for 3 years, beginning July 1, 2002. Grant awards made under this announcement are subject to the availability of funds for the support of the priority area project activities described herein.

**APPLICATION DUE DATE:** The *deadline date* for submission of applications is April 24, 2002.

**ADDRESS:** Application receipt point: U.S. Department of Health and Human Services, Administration on Aging, Office of Administration and Management, 330 Independence Avenue, S.W., Wilbur J. Cohen Building, Room 4760, Washington, D.C. 20201, Attn: AoA-02-02.

**FOR FURTHER INFORMATION CONTACT:** U.S. Department of Health and Human Services, Administration on Aging, Alzheimer's Demonstration Program Officer Melanie K. Starns, 330 Independence Ave., S.W., Wilbur J. Cohen Building, Room 4270, Washington, D.C. 20201, telephone: (202) 401-4547 or e-mail at [Melanie.Starns@aoa.gov](mailto:Melanie.Starns@aoa.gov) .

# Instructions for Preparing Competitive Grant Applications under the AoA Alzheimer's Demonstration Program

## PART I : STANDARD FORMS & APPLICATION INSTRUCTIONS

This document provides step-by-step instructions for completing all necessary forms, documents and information required by the U.S. Administration on Aging for new competitive grant applications authorized under Section 398 of the Public Health Service Act (as amended), including special instructions for completing Standard Forms 424 and 424A. Standard Forms 424 and 424A are used for a wide variety of federal grant programs, and federal agencies have the discretion to require some or all of the information on these forms. AoA does not require all the information on the SF 424 and 424A Forms. Accordingly, **please use the instructions below** in lieu of the standard instructions attached to SF 424 and 424A to complete these forms. Please note that single-sided copies of all required forms must be used in submitting your application.

### A.

#### STANDARD FORM 424

- Item 1. Mark “Non-Construction” under “Application”.
- Item 2. Fill in the date you submitted the application. Leave the applicant identifier box blank.
- Item 3. Not applicable – Mark “NA”.
- Item 4. Leave blank.
- Item 5. Enter the legal name of the applicant organization; the name of the primary organizational unit responsible for managing the project; the applicant’s address; and the name and telephone number of the person to contact on matters related to this application.
- Item 6. Enter the Employer Identification Number (EIN) of the applicant organization that has been assigned to the organization by the Internal Revenue Service. Please include the suffix to the EIN if known.
- Item 7. Enter the appropriate letter in the box provided.
- Item 8. Check the “NEW” box.
- Item 9. Name of Federal Agency is: “Administration on Aging”.

- Item 10. The Catalog of Federal Domestic Assistance Number is: 93-051.
- Item 11. The project title should describe concisely the nature of the project proposal. Avoid repeating the title of the program announcement or the name of the applicant. Try not to exceed 10 to 12 words and 120 characters including spaces and punctuation.
- Item 12. List only the largest political entity affected.
- Item 13. Enter the July 1, 2002 as the start date, and June 30, 2005 as the end date.
- Item 14. Enter the grantee's Congressional District and any other District(s) affected by the program or project.
- Item 15. All budget information entered under item #15 should cover only the first 12 months of the project. The applicant should show the federal support requested under sub-item 15a. Sub-items 15b-15e are considered cost-sharing or "matching funds". Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 92 before completing not just Item 15, but the Budget Information Sections A, B and C that follow. It is important that the dollar amounts entered in sub-items 15b-15f total at least 25 percent of the total project cost (total project cost is equal to the requested federal funds plus funds from non-federal sources).
- In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered cash matching funds. Generally, most contributions from third parties will be non-cash (i.e. in-kind). Examples include volunteered time and use of facilities to hold meetings or conduct project activities. A third form of non-federal match is projected program income derived from activities of the project such as participant fees and sale of publications. Only program income, which is to be used as part of the qualifying match, should be shown here.

**SEE NEXT PAGE FOR MATCH REQUIREMENTS & CALCULATION**

- Item 16. Check b. No – Program is not covered by E.O. 12372
- Item 17. This item applies to the applicant organization. Categories of debt include delinquent audit disallowances, loans, and taxes.
- Item 18. To be signed by the authorized representative of the applicant organization. A document attesting to that sign-off authority must be on file in the grantee's office.

### ***AoA's Alzheimer's Program Match Requirement***

Under this programs AoA does not make grant awards for the entire project cost. During the first year of this grant, successful applicants must, at a minimum, contribute one (1) dollar, secured from non-federal sources, for every three (3) dollars received in federal funding. The non-federal share must equal at least 25% of the total project cost in the first year, 35% in the second year, and 45% in the third year.

For example, if your request for federal funds is \$255,000, then the required minimum match or cost sharing is \$85,000 for year 1. The total project cost is \$340,000, of which your 25% share is \$85,000.

#### **The formula for calculating required match is:**

Federal Funds requested (i.e. \$255,000) x Applicant Match Rate (i.e. 25%)	Required
Federal Match Rate (i.e. 75%)	= Project
	Match

*A common error applicants make is to simply divide the federal amount by the match rate, so be sure to use the formula above to calculate your match requirement.*

**If the required non-federal share is not met by a funded project, AoA will disallow any unmatched federal dollars.** The non-federal share may be in the form of: cash from non-Federal sources, grantee-incurred direct or indirect costs, third-party in-kind contributions, or project-related income. Costs borne by the grantee and any third parties involved in the project, such as sub-grantees, contractors and consultants, can be considered in calculating the required match. In-kind contributions include volunteered time and use of facilities to hold meetings or conduct project activities. Project-related income is income derived from project activities such as participant fees and the sale of publications. Only program income that is to be used as part of the required match should be included (on line 15f). Indirect costs may not exceed those allowed under federal rules established, as appropriate, by OMB Circulars A-21, A-87, and A-122. Applicants should review the matching principles contained in 45 CFR Part 74 or 45 CFR Part 92 before completing not just item 15, but the Budget Information Sections A, B, and C that follow.

**NOTE: Indirect charges** may only be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with DHHS requirements.

## **Standard Form 424A – Budget Information**

Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this AoA program, many of the budget item columns and rows are not applicable. For your convenience, these non-applicable columns and rows have been shaded-out on the form. You should only consider and respond to the budget items for which guidance is provided below.

### **Special Requirements of the Alzheimer’s Demonstration Program**

The statute governing the ADDGS program requires that **at least 50% of the total grant must be spent on the provision of direct services** to persons with Alzheimer’s disease and their families. Those services which are listed as “direct services” in the program’s statute are:

“...home health care, personal care, [adult] day care, companion services, short-term care in health facilities, and other respite care to individuals with Alzheimer’s disease or related disorders who are living in single family homes or congregate settings.”

Please see “Program Scope” in for more information on programmatic requirements.

States are also required, by statute, to spend **no more than 10% on administrative costs**. For more guidance, please see the definition of administrative costs in the section below.

➔ Proposals cannot be funded if they do not meet the minimum 50% in provision of direct service and if they exceed the 10% administrative costs requirements.

### ***Section A - Budget Summary***

Line 5: Enter TOTAL federal costs in column (e) and total non-federal costs (including third party in-kind contributions and any program income to be used as part of the grantee match) in column (f). Enter the sum of columns (e) and (f) in column (g). This should reflect the first 12 months of your 36-month grant.

### ***Section B - Budget Categories***

Column 3: Enter the breakdown of how you plan to use the federal funds being requested by object class category (see instructions for each object class category below).

Column 4: Enter the breakdown of how you plan to use the non-federal share by object class category.

Column 5: Enter the total funds required (the sum of Columns 3 and 4) by object class category.

### **Separate Budget Justification Requirement**

You must submit a separate budget justification as part of your application. **A sample format has been included in the attachments for your use in presenting your Budget Justification.** In your budget justification, you should include a breakdown of the budget which shows the costs for all of the object class categories noted in Section B, across three columns: federal, non-federal cash, and non-federal in-kind. The justification should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Third party in-kind contributions and program income designated as non-federal match contributions should be clearly identified and justified separately from the justification for the budget line items. The full budget justification should be included in the application immediately following the SF 424 forms.

**PLEASE NOTE:** For the AoA Alzheimer's Program, federal statute requires that you **MUST** spend at least 50% of the TOTAL grant (including match) providing direct services: home health care, respite care, adult day care, personal care, companion care, and short-term institutional respite. Additionally, statute requires that you spend **NO MORE THAN 10%** on administrative costs. See below for definition of administrative costs for this program.

Line 6a:        Personnel: Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants, which should be included under 6h - Other.  
In the Justification: Identify the project director. Specify the key staff, their titles, a brief summary of project related duties, and time commitments in the budget justification.

Line 6b:        Fringe Benefits: Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate.  
In the Justification: Provide a break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement insurance, etc. Indicate the percentage and dollar amount of fringe benefits attributed as administrative costs.

### **Definition of Administrative Costs for the Alzheimer's Program**

For the purpose of this program only, administrative functions are those that are necessary but adjunct to the work being conducted to achieve of the project goals and work plan objectives.

*For Example:* If the project has goals and activities related to systems change, and one of the strategies in the work plan to achieve system change is to establish a committee of various community & public stakeholders that collaborate in a variety of ways to create, maintain, & support system change, then the staff time necessary to coordinate, staff, & manage that committee, including related supply and travel expenses for committee members, would **not** be an administrative function.

However, the project director's behind the scenes work, such as shepherding a contract through the state procurement process, personnel management functions, etc., **would** be considered administrative costs. While these functions are necessary to achieve the overall project goals, they are adjunct to the specific activities being conducted as part of the work plan, thus, they are considered an administrative expense.

Keep in mind **that no more than 10% of the overall project can be spent on administrative costs**. AoA encourage states to maximize all resources and keep administrative costs as low as possible.

Line 6c:        Travel: Enter total costs of out-of-town travel (travel requiring per diem) for staff of the project. Do not enter costs for consultant's travel - this should be included in line 6h.  
In the Justification: Include the total number of trips, destinations, purpose, length of stay, subsistence allowances and transportation costs (including mileage rates). The application should include funds for the project leadership to participate in a 3-day annual national meeting of funded projects, held in Washington, D.C. each autumn.

Line 6d:        Equipment: Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is non-expendable tangible personal property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. If the item does not meet the \$5,000 threshold, include it in your budget under Supplies, line 6e.  
In the Justification: Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions; the equipment, or a reasonable facsimile, must not be otherwise available to the applicant or its sub-grantees. The justification also must contain plans for the use or disposal of the equipment after the project ends.

Line 6e:        Supplies: Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d.  
In the Justification: Provide general description of types of items included. Copying charges should be included here, but printing costs should be listed in 6h.

Line 6f: Contractual: Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.). Also include any contracts with organizations for the provision of technical assistance. *Do not include payments to individuals on this line.*  
In the Justification: Attach a list of contractors indicating the name of the organization, the purpose of the contract, and the estimated dollar amount. If the name of the contractor, scope of work, and estimated costs are not available or have not been negotiated, indicate when this information will be available. **Whenever the applicant/grantee intends to delegate a substantial part (one-third, or more) of the project work to another agency, the applicant/grantee must provide a completed copy of Section B, Budget Categories for each contractor, along with supporting information and justifications.**

Line 6g:        Construction: Leave blank since construction is not an allowable cost for this program.

Line 6h:        Other: Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs (i.e. for project volunteers this is different from personnel fringe benefits); non-contractual fees and travel paid directly to *individual* consultants; local transportation (all travel which does not require per diem is considered local travel); postage; space and equipment rentals/lease; printing and publication; computer use; training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs.



In the Justification: Provide a reasonable explanation for items in this category. For individual consultants, explain the nature of services provided and the relation to activities in the work plan. Describe the types of activities for staff development costs.

Line 6i: Total Direct Charges: Show the totals of Lines 6a through 6h.

Line 6j: Indirect Charges: Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with DHHS requirements

Line 6k: Total: Enter the total amounts of Lines 6i and 6j.

Line 7: Program Income: As appropriate, include the estimated amount of income, if any, you expect to be generated from this project that you wish to designate as match (equal to the amount shown for Item 15(f) on Form 424). **Note:** Any program income indicated at the bottom of Section B and for item 15(f) on the face sheet of Form 424 will be included as part of non-federal match and will be subject to the rules for documenting completion of this pledge. If program income is expected, but is not needed to achieve matching funds, **do not** include that portion here or on Item 15(f) of the Form 424 face sheet. Any anticipated program income that will not be applied as grantee match should be described in the Level of Effort section of the Program Narrative.

### ***Section C - Non-Federal Resources***

Line 12: Enter the amounts of non-federal resources that will be used in carrying out the proposed project, by source (Applicant; State; Other) and enter the total amount in Column (e). Do not include program income unless it is used to meet the match requirement. *Keep in mind that if program income is used to meet the match requirement and the projected level of program income is not met, thereby decreasing the level of match, the amount of federal funds available to the grantee may be reduced if the match falls below required levels.*

Section D - Forecasted Cash Needs - Not applicable. Leave blank.

Section E - Budget Estimate of Federal Funds Needed for Balance of the Project

Line 20: Complete this section since the total project period encompasses three funding periods. These figures should correspond to activities set forth in the proposed work plan. List total federal dollars requested for this and the next two consecutive years.

## Section F - Other Budget Information

Line 22:        Indirect Charges: Enter the type of indirect rate (provisional, predetermined, final or fixed) to be in effect during the funding period, the base to which the rate is applied, and the total indirect costs. **Include a copy of your current Indirect Cost Rate Agreement approved by HHS or another federal agency.**

Line 23:        Remarks: Provide any other comments deemed necessary.

### **B.                                STANDARD FORM 424B - ASSURANCES**

This form contains assurances required of applicants under the discretionary funds programs administered by the Administration on Aging. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

### **C.                                STANDARD FORM CD-511 – CERTIFICATIONS**

This form contains certifications that are required of the applicant organization regarding (a) lobbying; (b) debarment, suspension, and other responsibility matters; and (3) drug-free workplace requirements. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

## **D. BACKGROUND INFORMATION AND PRIORITY AREA DESCRIPTION**

### **1. Statutory Authority**

The statutory authority for grant awards for the Alzheimer's Disease Demonstration Grants to States program is contained in Sec. 398 of the Public Health Service Act (42 U.S.C. 398 et seq.), as amended by Public Law 101-157 and by 105-379, the Health Professions Education Partnerships Act of 1998.

### **2. Eligible Applicants**

Awards will be made to agencies of State Governments that have been designated by the Governor as the sole applicant for the State. **State applicants must provide a letter of "sole applicant designation" from the Governor.** Only one application per State will be accepted; however, multiple state and local agencies are encouraged to collaborate in planning and carrying out the project.

All states, except those currently funded under the Alzheimer's Demonstration Program, are eligible to apply. Preference, however, will be given to states that have not previously funded through this program.

### **3. Project Funding, Duration & Match**

AoA plans to fund five(5) to seven (7) new projects nationwide through this competition. The projects will be funded at a federal share of approximately \$225,000 - \$350,000 per year for a project period of three years (contingent on the availability of federal funds). As stated in the section on eligible applicants above, **priority will be given to states that have not previously been funded under this program.**

Section 398 of the Public Health Service Act (42 U.S.C. 398 et seq.), as amended, requires that grantees provide a 25% match (cash or in-kind) during the first year, 35% during the second year, and 45% during the third year of the grant period. Waivers to these match requirements are not allowed.

## **4. PRIORITY AREA DESCRIPTION**

### **a. Background: Alzheimer's Disease Demonstration Grants to States Program**

Alzheimer's disease (AD) is a progressive, degenerative disease of the brain, and the most common form of dementia. Discovered and described in 1906 by Dr. Alois Alzheimer, AD now affects approximately 4 million Americans. Unless a cure or prevention is found, it is estimated that the number of Americans with Alzheimer's will climb to 14 million by the middle of the next century. Although AD is not a normal part of aging, one in 10 persons over 65 and nearly half of those over 85 have Alzheimer's disease. A small percentage of people in their 30s and 40s also develop the disease. Although AD eventually results in death, the disease can progress for years. A person with AD lives an average of 8 years, but can live as many as 20 years or more from the onset of symptoms.

While the U.S. spends more than \$100 billion each year in Alzheimer's disease related costs, family caregivers are the major source of support for most people with AD. This combined with the nature of the disease -- a slow

loss of cognitive and functional independence -- means that most people with AD are cared for in the community for years. They may access a variety of services from many different systems including the aging, medical, and mental health care service systems. As the number of people with AD grows, it is increasingly important that service delivery and health care systems are responsive to persons with dementia and are effectively coordinated. It is also important to ensure the availability of dementia-competent community-based social and health care services.

To focus attention on this need, to encourage states to develop models of assistance for persons with Alzheimer's disease, and to encourage close coordination and incorporation of those services into the broader home and community based care system, Congress funded the Alzheimer's Disease Grants to States (ADDGS) program in 1991. Congress transferred the administration of the program to the AoA in 1998, in an effort to ensure coordination with other programs for older Americans. To date, the ADDGS program has proven successful in targeting service and system development to traditionally underserved populations, including ethnic minorities, low-income and rural families coping with Alzheimer's disease.

Since 1992, there have been thirty-five (35) states funded through the Alzheimer's Disease Demonstration Grants to States program. AoA is currently funding ADDGS projects in Alabama, Alaska, Arizona, Arkansas, California, Florida, Illinois, Indiana, Iowa, Maine, Maryland, Massachusetts, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, Rhode Island, Tennessee, Texas, Vermont, Virginia, and Wisconsin. These 25 states are not eligible to submit an application under this RFP. All other states are eligible, with preference given to states not previously funded under this program.

#### **b. Program Scope and Priorities**

[Note: Hereinafter, the words "Alzheimer's" and "dementia" will be used interchangeably, meaning Alzheimer's disease and other related dementia conditions.]

In 1991, when the Alzheimer's Disease Demonstration Grants to States program (ADDGS) was initiated, the body of knowledge about Alzheimer's disease (AD) and related dementias, especially how to serve persons with Alzheimer's Disease, was not as substantial as it is today. Likewise, the home and community based long term care system was more fragmented and less well developed in the early 1990s than it is today. Thus, the ADDGS projects primarily focused on service development and outreach issues, rather than on system responsiveness and integration of dementia care services into the mainstream home and community based care system.

Throughout this past decade, however, we have seen a significant increase in public awareness about dementia and its impact on families. Simultaneously, the home and community based care system has grown in capacity, with states and local communities stepping up their attention to and funding of in-home and other community based long term care services. The program scope of this grant announcement in part reflects the current state of dementia and home and community based care systems, while pointing to a greater emphasis on incorporating services for persons with AD into the mainstream home and community based care system.

## 1. Program Scope

Applications are sought from State agencies (only one per state) to carry out two priority program objectives:

1. develop models of home and community-based assistance for persons with Alzheimer's Disease and their families,
2. improve the responsiveness of the existing home and community based care systems for persons with Alzheimer's Disease and related disorders and their families.

Specifically, grants will be issued to States in accordance with the Public Health Service Act, Section 398 as amended, for the purpose of (as stated in the statute) "assisting grantees in carrying out demonstration projects for planning, establishing and operating programs:

- 1) to coordinate the development and operation with public and private organizations of diagnostic, treatment, care services provided within the State to individuals with Alzheimer's disease or related disorders and to the families and care providers of such individuals;
- 2) to provide home health care, personal care, day care, companion services, short-term care in health facilities, and other respite care to individuals with Alzheimer's disease or related disorders who are living in single family homes or congregate settings" (at least 50% of the total grant is to be spent on providing these direct services);
- 3) "to improve the access of such individuals to home-based or community-based long-term care services, particularly such individuals who are members of racial or ethnic minority groups, who have limited proficiency in speaking the English language, or who live in rural areas; and
- 4) to provide to health care providers, to individuals with Alzheimer's disease or related disorders, to the families of such individuals, to organizations established for such individuals and such families, and to the general public, information with respect to:
  - (A) diagnostic services, treatment services, and related services available to such individuals and to the families of such individuals;
  - (B) sources of assistance in obtaining such services, including assistance under entitlement programs; and
  - (C) the legal rights of such individuals and such families."

Specific details for each of the two priority program objectives, as well as AoA's expectations of all applicants, are discussed in more detail in the next section.

## 2. Funding Priorities

- a.) Priority will be given to States that have not previously been funded under the Alzheimer's Disease Demonstration Grants to States program.
- b.) Priority will be given to States that propose to focus their activities and services to support populations that are underserved by public and private programs in the State because of their income, culture or language, geographic location (rural), developmental disability, or lack of basic housing (homelessness).

- c.) Priority will be given to States that, **in addition to** developing new models of assistance for persons with Alzheimer's disease, seek to improve the responsiveness of the home and community based service system to persons with Alzheimer's Disease and their families. New and enhanced collaborations with dementia care and faith-based organizations are encouraged.

c. **Project & Application Expectations**

**Expectations and conditions listed in sections c1), c2), c3) below apply to all proposals.** States should review their applications against the list of expectations to ensure that each expectation has been addressed in the proposal.

1) *General Expectations*

- Applicants are expected to provide detailed specifics about the goals, implementation strategies, and outcomes for the first year of the grant. Goals, primary objectives, and significant anticipated major activities for years two and three should also be identified. A description of each goal and activity, as well as its relation to identified needs, should be provided.
- Applicants **MUST** provide specific measurable outcomes for each goal identified. Measurable outcomes are critical to ensure that the project's success can be substantiated. While the number of individuals served is important and must be reported under this program, this is an output and not an outcome. **AoA will NOT approve any application that does not include measurable outcome measures.**

**DEFINITION OF A PROJECT OUTCOME:**

An "outcome" is an observable end-result. Examples include: an "impact" on a problem (e.g., a change in a client's financial, health and/or functional status, mental well-being, knowledge, skill, attitude, awareness or behavior.) Other examples include a change in the degree to which consumers exercise choice over the types of services they receive, or the degree to which consumers are satisfied with the way a service is delivered. Additional examples include: a change in the cost-efficiency and/or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated in the aging network; or, new knowledge that can contribute to the field of aging.

- Applicants are expected to provide a detailed timeline chart that depicts project timelines for all proposed major tasks.
- Projects are expected to be cost-effective and programmatically efficient, maximizing state and local financial and human resources.
- **All successful grantees are required to spend at least 50% of the total grant on the provision of services to persons with Alzheimer's disease and related dementias, and not more than 10% on administrative costs.** AoA expects that applicants will submit proposals which clearly identify the service and administrative activities and which meet these requirements.

➔ **Applicants that do not propose to spend at least 50% of the total grant (federal plus match amount) on direct services (as defined in a.2 of this RFP) will NOT be eligible for funding.**

## 2). *Project Planning Process*

- In this project, we expect to see both state-level collaborations that cut across state agencies to affect policy, as well as local collaborative efforts designed to affect local policy and service development and provision. As with any project that affects older adults, we expect, at a minimum, the local Area Agency on Aging, as well as community organizations that work directly with persons with Alzheimer's disease and their families, to be invited and included as substantial partners in project planning and implementation.
- In partnership with a variety of state and local collaborators, we expect to see a thoughtful and deliberate process for identifying and addressing the gaps in home and community based care for persons with Alzheimer's disease, and would expect to see that process reflected in the project's goals and objectives.
- Projects should reflect an appropriate commitment, in terms of organizational, administrative, and financial support, from all collaborators to ensure the project's continuance (if funded) once the federal grant period has ended. Plans for post-grant viability should be included.

## 3.) *Project Implementation & Management*

- It is expected that States will provide adequate program development support and leadership at both the state and local levels. Each state applicant **MUST** identify a person at the state (state Project Director) who, throughout the grant period, will have involvement in and substantial knowledge about all aspects of the project and will have a solid understanding of how the activities in ADDGS project relate to other programs and activities within the home and community based care systems. **Simply contracting this function out with minimal State knowledge of the grant project is not acceptable.**
- *Client Eligibility and Age Restrictions* -- There is no age limitation for access to services under this program. All individuals with Alzheimer's Disease, without regard to age, may receive services and assistance, to the extent of available resources. States must ensure that persons of all ages have equal access to services developed under this program.
- Applicants are expected to describe their plans for project monitoring and quality assurance, including any quality standards or state requirements that providers will be required to meet. A description of monitoring and problem resolution techniques, as well as the role of the project collaborators, should be included.
- Applicants should provide details about their dissemination plan and anticipated products. AoA expects that, at a minimum, statewide dissemination of products and knowledge will occur.

4.) **Priority Area #1:**     *Develop models of home and community based assistance for persons with Alzheimer’s disease and their families.*

➔ **ALL states MUST propose activities in Priority Area #1.** Developing and providing home and community based services to persons with Alzheimer’s disease is required. Targeting to minority, low-income, rural, developmentally disabled, and homeless is optional, but proposals with such targeting will receive priority consideration [see Funding Priorities above].

Discussion

We are still learning about the various ways to provide assistance to persons with Alzheimer’s disease (AD), their families, and others who care for them. This is particularly true when considering how to provide culturally sensitive and culturally competent services to a diverse population, including ethnic minorities, low-income, and rural families, and those families facing Alzheimer’s disease and developmental disabilities and/or homelessness. Due to cultural, language, social, and geographical barriers, these families often have a more difficult time accessing and obtaining the assistance they need, or obtaining services which are sensitive and responsive to their cultural preferences and traditions.

For this reason, when developing goals and objectives in Priority Area #1, **states should consider targeting service provision to:**

1. persons with Alzheimer’s disease who are particularly underserved by public and private programs in the State, because of their income, culture or language, geographic location (rural), developmental disability, or homelessness;
2. families of such individuals with Alzheimer’s disease;
3. caregivers of such individuals with Alzheimer’s disease.

➔ **Applicants are required to propose activities in Priority Area #1, and grantees are required to spend at least 50% of their total grant in the provision of direct services.** As defined in Section 398 of the Public Health Service Act (page 4 of this RFP), **“direct services” are defined include:** the provision of home health care, personal care, adult day care, companion services, short-term respite care in health facilities, and other respite care to individuals with Alzheimer’s disease or related disorders who are living in single family homes or congregate settings.”

Expectations

- Proposals should clearly describe the nature of the direct services (home health, companion services, personal care, respite care, adult day care, and short-term respite care in institutions) to be provided and how they will be linked to the larger home and community based care or other established health care system.
- Applicants should describe the criteria used in determining the proposed target population. We would expect there to be a clear connection between identified needs and the targeted population discussed in the proposal, and the proposed activities.
- Specific outreach and targeting strategies should be detailed, with a discussion of the role of various collaborators that will be involved. It has been our experience that for a project to experience long-term success, a broad range of local and state collaborators is essential.



- During the first year of the grant, we would typically expect to see substantial work in public education, establishing community trust and cultural competency, and activities designed to build a strong foundation within the local community. Our experience indicates that such first-year activities are essential to long-term success.
- When training is a significant component of the proposal, a detailed training plan must be provided, including who is to be trained, who will provide the training and their general qualifications, and how the training addresses identified service and system gaps for persons with Alzheimer’s Disease. We would also expect that states will use, as a starting point, some of the existing professional and consumer training materials and models and plan to adapt them for local use rather than re-inventing existing training programs.
- States should recognize the long-term commitment that this application represents, both in terms of commitment to the population being served, but also to the community. Therefore, we would expect to see initial plans for long-term viability to maintain services and community presence beyond the federal grant period.
- Projects may focus on one community or geographic region during the federal grant period. However, AoA wants to know the state’s intent to replicate successful aspects of the grant statewide, whether during or after the federal grant period.
- Measurable outcomes for goals in this priority area are required. See “general expectations” above.

5.) **Priority Area #2 -** *Improve the responsiveness of the existing home and community based care system for persons with Alzheimer’s Disease and related disorders and their families.*

➔ **Proposing activities under Priority Area #2 is optional.** However, priority will be given to applications that propose activities under Priority Area #2 in addition to Priority Area #1 (see “Funding Priorities,” in this RFP).

Discussion

As states look to the continued development of their home and community based care systems, it is essential to consider the best methods for incorporating current knowledge in the fields of dementia and cultural competency into service programs and practices. This grant announcement stresses the development of system-based collaborations with dementia and faith-based organizations, as previous projects have found such collaborations important factors for success. Coordinated crosscutting efforts at the state level will also be key to affecting policy and to improving system responsiveness. Effective collaborative relationships with a wide variety of health and home care providers, researchers, and community advocates for persons with dementia will be critical to maximizing limited resources and streamlining access to home and community based care for persons with dementia.

**While applicants are not required to include activities in Priority Area #2 in their proposal, preference will be given to applications that address both Priority Area #1 and #2.**

Expectations

- For states choosing to propose activities in this priority area, we would expect to see activities that focus substantial effort on developing and growing these cross agency, multi-organizational collaborations for the achievement of making deliberate and necessary changes and adaptations to existing home and community based care systems.
- In Priority Area #2, we expect to see work in the development of cross-agency collaboration and coordination at the state and local levels, which will provide the essential foundation on which to build system development initiatives. For states pursuing this priority area, AoA wants to see policy and system change goals and objectives, related to improving the responsiveness of the existing home and community based care system, throughout the 3-year grant period.
- AoA expects to see the applicant state agency as having a *significant* role in any activities proposed in this priority area. In this priority area, sub-contracting the function of cross-agency state systems development to a third party is not acceptable.
- Applicants with activities in Priority Area #2 are expected to present a clear connection between identified system gaps and needs and the proposed activities. Proposals should clearly describe the nature of the activities to be undertaken, how they address system gaps and identified issues, and how they will assist in achieving overall project goals and objectives. Clarification as to why these specific activities were selected is appropriate (i.e. has this approach been successful in other settings? Does the research suggest this direction?)
- Measurable outcomes for goals in this priority area are required. See “general expectations” above.
- When training is a significant component of the proposal, AoA expects to see a detailed training plan, including who is to be trained, who will provide the training and their general qualifications, and how the training addresses identified service and system gaps for persons with Alzheimer’s disease. We would also expect that states would use, as a starting point, some of the existing professional and consumer training materials and adapt them for local use rather than re-inventing existing training programs.
- States should recognize the long-term commitment that this application represents. Changes in service delivery and policy development systems take time and applicants proposing activities in this priority area should demonstrate the state’s interest to continued support for system development efforts after the federal grant period has ended.
- Project policy and system change activities may focus on one community or geographic region during the federal grant period, perhaps to pilot proposed changes. However, in this priority area, it is AoA’s expectation that, where appropriate, the applicant’s intent is to generalize the proposed activities on a statewide basis, either during latter years of the grant or after the grant has ended. The proposal should reflect the long-term vision and plans for system change, and how the proposed activities contribute to attaining that vision.

## **6.) Data Collection & Reporting**

### *Data Collection*

AoA is in the process of obtaining OMB approval for the collection of certain elements of data which are required by statute and which are necessary to fulfill our Government Performance and Results Act and statutory evaluation requirements. Once approved, AoA will work with grantees to efficiently implement the data collection requirements in an effort to minimize any disruption to the project. Draft copies of data elements and protocols that AoA is pursuing are attached to this RFP. Applicants should provide confirmation in the application that the project will comply with such requirements once OMB approval has been granted. Appropriate budgetary allowances should be considered and proposed if necessary (see proposed protocols at the end of this application kit).

### *Reporting*

Grantees are required to submit two progress reports each year. A semi-annual progress report, consisting of a narrative and Financial Status Report (FSR, form #269), covering July through December of the grant year, is due January 31<sup>st</sup> of each year. The second-semi-annual progress report, covering January through June of the grant year, is due July 31<sup>st</sup> of each year. A final project report (narrative and financial status report) is due 90 days after the completion of the grant project (i.e. September 30, 2005).

We expect states to have adequate capacity to meet all reporting requirements and time lines.

## **7.) Organizational Capability Statement and Vitae for Key Project Personnel**

Each application should include an organizational capability statement and vitae for key project personnel. The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work and/or the capabilities it possesses. This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. If appropriate, include an organization chart showing the relationship of the project to the current organization. Include short vitae for key project staff only. Also include information about any contractual organization(s) that will have a significant role(s) in implementing project and achieving project goals.

## **8.) Letters of Commitment From Key Participating Organizations and Agencies**

Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the application. Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator. Letters of Commitment are part of the 20-page application limit, so include only letters which show support from key partners in the project.

## **Part II: INFORMATION & GUIDELINES FOR THE APPLICATION PROCESS AND REVIEW**

Part II of this application kit contains general information for potential applicants and basic guidelines for submitting applications to compete for Alzheimer's Disease Demonstration Grants to States grants. Application forms and detailed instructions for developing and assembling the application package for submittal to the AoA are provided.

### **A. DEADLINE FOR SUBMISSION OF APPLICATIONS**

The closing date for submission of applications is April 24, 2002. Applications must be postmarked by midnight April 24, 2002, or electronically transmitted or hand-delivered by 5:30 p.m. Eastern Time on April 24, 2002 to:

Department of Health and Human Services  
Administration on Aging  
Office of Administration and Management  
330 Independence Avenue, S.W., Room 4260  
Washington, D.C. 20201  
Attn: AoA-02-02

Hand-delivered applications are accepted during the working hours of 9:00a.m to 5:30p.m.Eastern Time, Monday through Friday. An application will meet the deadline if it is either:

1. Received at the mailing address on or before the applicable deadline date; or
2. Sent before midnight of the applicable deadline date as evidenced by either 1) a U.S. Postal Service receipt or postmark or 2) a receipt from a commercial carrier. Applicants are strongly advised to obtain proof that the application was sent by the applicable deadline date. If there is a question as to when the application was sent, applicants will be asked to provide proof that they have met the applicable deadline date. Private metered postmarks are not proof of a timely submittal.

Electronic Submission: AoA encourages applicants to submit their applications electronically. To submit an application for the Alzheimer's Demonstration program electronically, please follow the instructions at <http://www.aoa.gov/egrants>

Applications that do not meet the above deadlines are considered late applications. The AoA Office of Administration and Management will notify each applicant if its application will not be considered as part of this review and competition.

AoA may extend the April 24, 2002 deadline for applications because of acts of God, such as floods, hurricanes or earthquakes, when there is widespread disruption of the mail, or when AoA determines an extension to be in the best interest of the government. Depending upon the precipitating factor(s), the extension will apply to all potential applicants in the area affected by the natural disaster, or to all potential applicants across the nation. Should there be an extension of the application, a notice to that effect will be published in the Federal Register.

## **B. REVIEW PROCESS AND CONSIDERATION FOR FUNDING**

Within the limits of available federal funds, AoA makes financial assistance awards consistent with the purposes of the statutory authority governing this grant program, as cited above. The following steps are involved in the review process:

- 1) Notification: Applicants will be notified of the receipt of their application and informed of the identification number assigned to it if the applicant submits the appropriate information on the enclosed yellow postcard.
- 2) Screening: To ensure that minimum standards of equity and fairness have been met, applications that do not meet the screening criteria outlined below will not be reviewed and will receive no further consideration for funding.
- 3) Expert Review: Applications that conform to the requirements of this program announcement will be reviewed and scored competitively against the evaluation criteria specified in Section F, below. This independent review of applications is performed by panels consisting of qualified persons from outside the federal government and knowledgeable non-AoA federal government officials. The scores and judgments of the reviewers are a major factor in award decisions.
- 4) Other Comments: AoA may solicit views and comments on pending applications from other federal departments and agencies, interested foundations, national organizations, experts, and others, for the consideration of the Assistant Secretary for Aging in making funding decisions.
- 5) Other Funding Sources: AoA reserves the option of discussing applications with, or referring them to, other federal or non-federal funding sources when this is determined to be in the best interest of the federal government or the applicant.
- 6) Decision-Making Process: After the review panel session, applicants may be contacted by AoA staff to furnish additional information. Applicants who are contacted should not assume that funding is guaranteed. An award is official only upon receipt of the Financial Assistance Award.
- 7) Timeframe: Applicants should be aware that the time between the deadline for submission of applications and the grant award may take several months. This length of time is required to review and process project applications.

## **C. NOTIFICATION UNDER EXECUTIVE ORDER 12372**

This is not a covered program under Executive Order 12372.

#### **D. APPLICATION SCREENING REQUIREMENTS**

All applications will be screened to assure a level playing field for all applicants. Applications that fail to meet either of the screening criteria below will **not** be reviewed and will receive **no** further consideration.

In order for an application to be reviewed, it must meet the following screening requirements:

1. Applications must be postmarked or *received* by AoA electronically by midnight April 24, 2002, or hand-delivered by 5:30 p.m. Eastern Time on April 24, 2002 to:

Department of Health and Human Services  
Administration on Aging  
Office of Administration and Management  
330 Independence Avenue, S.W., Room 4260  
Washington, D.C. 20201  
Attn: AoA-02-02.

2. The applicant must be a state governmental agency & provides a letter from the state's Governor designating the applicant agency as the sole applicant for the state.
3. The application is **no more than 20 single-sided pages**, double-spaced, excluding workplan grid (if selecting to use suggested format), letter of designation from the Governor, Standard Form (SF) 424, assurances & certification forms, budget forms & justification (up to 4 pages), and indirect cost agreements.

**Only those applications meeting these screening requirements will be assigned to reviewers.**

## E. PROPOSAL FORMAT

All applicants should adhere to the following guidelines in preparing the application:

1. The application must **not** exceed *twenty (20) pages, single-sided, double-spaced*, exclusive of certain required forms and assurances that are listed below. *Please note that this requirement also appears as screening criteria.* Fonts **no smaller than** 10pt Arial or 12pt Times Roman are highly recommended, with at least one inch (1") margins on all sides.
2. The following documents are excluded from the 20-page limitation:
  - Governor's letter designating applicant as sole applicant for the state
  - Workplan Grid format (if using suggested grid format)
  - Timeline chart (approximate length: 1 - 3 pages)
  - Standard Form (SF) 424
  - SF 424A (including up to a four page budget justification)
  - Certification forms regarding lobbying; debarment, suspension, and other responsibility matters; and drug-free workplace requirements
  - Indirect cost agreements.
3. The following portions of the application are included (in the aggregate) in the twenty (20) page limitation:
  - Summary description (length: not to exceed 1 page, double spaced);
  - Narrative (approximate length: 5-8 pages if using grid format; 8-12 pages if not using grid format);
  - Applicant's capability statement, including an organization chart, and vitae for key project personnel (approximate length 4 - 8 pages) and;
  - Essential letters of commitment and cooperation (approximate length: 4 - 8 pages).
4. Please have the narrative typed, double-spaced, on one side of 8 1/2" x 11" plain white paper with 1" margins on all sides. All pages of the narrative (including charts, tables, etc.) should be sequentially numbered, beginning with "Objectives and Need for Assistance" as page number two (2). At the close of the project narrative, please identify the author(s) of the proposal, their relationship with the applicant agency, and the role they will play, if any, should the project be funded.
5. Beginning with the page for the project summary description, pages **must be numbered sequentially**. Please do not use covers or tabs. Do not include extraneous materials such as agency promotion brochures, slides, tapes, film clips, etc. It is not feasible to include such items in the review process. They will count as part of your 20-page limit and will be discarded if submitted as part of the application.
6. The Program Narrative is a critical part of the application. It should be clear, concise, and, of course, responsive to this program announcement. In describing your proposed project, make certain that you respond fully to the evaluation criteria set forth in Part II, and have addressed all of the expectations discussed in Part I. The organization of the narrative might well, in fact, parallel the review criteria, beginning with an integrated discussion of (A) the project's purpose(s), relevance, significance, and responsiveness to the program announcement, which answers the questions of why the proposed project should be undertaken and what it intends to accomplish. The next section of the narrative provides a detailed explanation of (B) the approach(es) the project will follow to achieve its purpose(s), leading to a discussion of (C) the operational

strategies and outcomes/results/benefits of the proposed project and how these will be disseminated and utilized. The narrative concludes with (D) the level of effort needed to carry out the project, in terms of the Project Director and other key staff, funding, and other resources. If choosing to use the grid format, the most appropriate information to be submitted in such a format are the project's goals, objectives, action steps, timelines, key partners, and outcomes. Of course, you should provide adequate narrative to provide grant reviewers with an appropriate context and understanding about the overall project.

## **F. EVALUATION CRITERIA**

Proposals that meet all screening criteria will be evaluated by an independent review panel of at least three individuals. These reviewers, experts in the fields of aging, dementia care, and service delivery and evaluation, are drawn from academic institutions, non-profit organizations, state and local government, and federal government agencies other than AoA. Based on the specific programmatic considerations set forth above in the priority area, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the criteria below.

Applications are scored by assigning a maximum of 100 points across four criteria areas:

### **1. Purpose and Need for Assistance**

**Weight: 15 points**

- Does the proposed project clearly and adequately respond to the program and policy issue discussed in the priority areas for the Alzheimer's Disease Demonstration Grants to States Project? **(5 points)**
- Does the application adequately and appropriately describe and document the key problem(s)/condition(s) relevant to its purpose? Is the proposed project justified in terms of the most recent, relevant, and available information and knowledge? **(5 points)**
- Does the applicant adequately and appropriately describe the needs of the targeted special population groups, i.e. low income, minority, and rural, and in identified system gaps when addressing problem(s)/condition(s) relevant to its proposal? **(5 points)**

### **2. Approach/Method – Work plan and Activities**

**Weight: 35 points**

- Does the proposed project effectively utilize a coordinated, collaborative approach, including partnerships with aging network agencies (state and area agencies on aging and providers), health care staff, community organizations that work directly with persons with AD, and other appropriate entities to affect policy and service delivery at the state and local levels? **(7 points)**
- Does the applicant present a well-organized work plan that systematically includes specific goals, objectives, activities and implementation strategies that are responsive to the applicant's statement of needs and purpose? Are plans for years one and two, and goals for year three provided in sufficient detail to provide an understanding of the entire project's intended outcomes? **(6 points)**



- Has the applicant adequately described their plan for development of direct services for persons with Alzheimer's disease and their families? Are activities in the work plan, included those provided by contractors, adequate and appropriate to achieve direct service objectives? Will the proposed activities result in an increased supply of services for persons with Alzheimer's disease and their families? **(7 points)**
- Has the applicant targeted at least one of the preferred target populations (i.e. ethnic minorities, low-income or rural persons with Alzheimer's disease and their families) AND are the proposed activities and collaborators adequate and appropriate for reaching the targeted population(s)? **(7 points)**
- **In addition to** targeting minority, low income or rural communities (criteria d above), has the applicant included activities focused on improving the responsiveness of existing home and community based service system(s) for persons with Alzheimer's disease and their families? Are activities included in the work plan to engage and collaborate with state and local agencies and faith-based and dementia care organizations on crosscutting policy and service delivery issues? Are the proposed activities appropriate given the project goals and objectives? **(5 points)**
- Does the work plan include a detailed timeline for the accomplishment of tasks and objectives for the first year, and a more general timeline for the second and third years? Is the sequence and timing of events logical and realistic? **(3 points)**

### 3. **Outcomes/Benefits/ Impact**

**Weight: 25 points**

- Are the expected project outcomes measurable and clearly identified, realistic, and consistent with the objectives of the project? Are outcomes likely to be achieved and will they significantly benefit people with Alzheimer's disease and their families through improvement in policy or practice, and/or contribute knowledge to theory and research? **(15 points)**
- Does the proposal include a plan for dissemination that is likely to increase the awareness of project activities and events during project performance? Is this plan adequate for communicating project outcomes and products to all appropriate audiences? **(3 points)**
- Is the long-term viability of the project, and its statewide applicability discussed? Are ideas for continuation beyond the federal grant viable and do they have the potential to succeed? **(7 points)**

### 4. **Level of Effort, Program Management & Organizational Capacity**

**Weight: 25 points**

- Does the applicant have an established track record of collaboration among a variety of local, state, and federal agencies and organizations, including those that are a part of this project? Are letters from key participating organizations included and do they express the clear commitment and areas of responsibility of those organizations, consistent with the work plan description of their intended roles and contributions?

**(4 points)**

- Are the roles and contribution of staff, consultants, and collaborative organizations clearly defined and linked to specific objects and tasks? Do the proposed project director(s), key staff, and consultants have the background, experience, and other qualifications required to carry out their designated roles? Are the writers of the proposal identified and will they be involved in the project's management and implementation? If not, is there a logical explanation for their non-participation? **(6 points)**
- Does the proposal provide adequate programmatic, policy, and logistical support at the state and local levels to ensure successful implementation of the project's goals and objectives? Does the Project Director have a significant level of effort in providing state oversight of community based direct service activities and in implementing the policy and system change activities? Are tasks and services provided by contractors clearly spelled out in the program narrative and budget justification? **(5 points)**
- Does the applicant appear to have adequate data collection and reporting capacity? **(4 points)**
- Is the budget justified with respect to the adequacy and reasonableness of resources requested? Are budget line items consistent with and tied to the work plan objectives? **(6 points)**
  1. Is at least 50% of the total grant allocated to direct services as defined in Program Scope of this announcement? (\*If not, the application **cannot** be funded)
  2. Are administrative costs under 10% of the total grant?
  3. Is there adequate (25%) non-federal match provided? Are match sources reasonable?

## **G. THE COMPONENTS & ORDER OF AN APPLICATION**

To expedite the processing of applications, we request that you arrange the components of your application, **the original and two copies**, in the following order:

1. SF 424, Application for Federal Assistance.  
Note: The original copy of the application must have an original signature in item 18d on the SF 424;
2. SF 424A, Budget, accompanied by your budget justification;
3. SF 424B (Assurances);
4. Certification forms regarding lobbying, debarment, suspension, and other responsibility matters, and drug-free workplace requirements.
5. A copy of the applicant's indirect cost agreement, as necessary;
6. Letter of Sole Applicant designation from the Governor of the state. Only one application per state will be accepted.
7. Project summary description (1 page max);
8. Program narrative and approach;
9. Program workplan;
10. Organizational capability statement and vitae of key personnel;
11. Letters of commitment from **key** participating organizations and agencies;
12. A copy of the Check List of Application Requirements (See below) with all the completed items checked.

**ALZHEIMER'S DEMONSTRATION PROGRAM  
APPLICATION CHECKLIST**

I have checked my application package to ensure that it includes or is in accord with the following:

- ☐ One original application plus two copies, with the SF 424 as the first page of each copy of the application;
- ☐ SF 424;
- ☐ SF 424A - Budget Information (and accompanying Budget Justification);
- ☐ SF 424B - Assurances; and Certifications;
- ☐ SF 424 has been completed according to the instructions, signed and dated by an authorized official (item 18);
- ☐ Letter of designation from the Governor of the State
- ☐ A copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency;
- ☐ Project Summary description;
- ☐ Program narrative;
- ☐ Organizational capability statement and vitae for key personnel;
- ☐ Letters of commitment and cooperation, as appropriate;
- ☐ Completed Checklist

## **H. POINTS TO REMEMBER**

- A twenty (20) double-spaced page (single sided) limitation exists for applications. Before submitting your application, check that you have adhered to this and all other screening requirements, as well as to the application expectations set forth in this announcement.
- You are required to send an original and two copies of the application.
- The project summary description (1 page max) should accurately reflect the nature and scope of the proposed project.
- To meet the cost-sharing requirement you must, at a minimum, match \$1 for every \$3 requested in federal funding to reach 25% of the total project cost during year 1. See the Grantee Match section for more detailed instructions.
- **Double check that you have allocated at least 50% of the total grant resources to direct services, and have no more than 10% allocated for administration, as applications which do not meet these requirements are not eligible for funding.**
- Be sure you are satisfied that your program narrative responds fully and cogently to the evaluative criteria areas that will be used by reviewers to evaluate and score all applications.
- Do not include letters that endorse the project in general terms. Rather, include letters that describe and verify tangible commitments to the project, e.g., funds, staff, space, should be included. Remember that letters of commitment count as part of the 20-page limit.
- Before submitting the application, have someone other than the author(s): 1) apply the screening requirements to make sure you are in compliance; and 2) carry out a trial run review based upon the evaluative criteria. Take the opportunity to consider the results of the trial run and then make whatever changes you deem appropriate.
- Be sure to include all required forms, including the **letter of designation** from your Governor and a complete budget justification.
- The application must be postmarked or received electronically by AoA by midnight, April 24, 2002, or hand-delivered by 5:30 p.m., Eastern Time, on April 24, 2002, to:  
Department of Health and Human Services  
Administration on Aging  
Office of Administration and Management  
330 Independence Avenue, S.W., Room 4260  
Washington, D.C. 20201  
Attn: AoA-02-02.

## **I. COMMUNICATIONS WITH THE AOA**

As appropriate, applicants will be notified (using the information provided by the SF 424, item 5 or the yellow reply card included in this application kit) of the receipt of their application. Applicants are advised that, prior to reaching a decision, the AoA will not release information to an applicant other than that its application has been received and that it is being reviewed. Once a decision is reached, the applicant will be notified as soon as possible of the status of its application.

## **J. Additional Resources You Might Find Helpful**

As you prepare your proposal, you might find the following resources to be of assistance:

### **Websites**

1. <http://www.aoa.gov/alz> The Administration on Aging's Alzheimer's Resource Room, which provides general information on Alzheimer's disease as well as a wealth of information and resources developed by previous grantees of the Alzheimer's Demonstration program.
2. <http://www.alz.org> The Alzheimer's Association is a good source for information, support and assistance on issues related to Alzheimer's disease.
3. <http://www.alzheimer.org> The Alzheimer's Disease Education And Resource (ADEAR) Center, sponsored by the National Institute on Aging, offers general information on Alzheimer's, clinical trials and other Alzheimer's resources.

### **AoA Contact:**

Melanie K. Starns  
Alzheimer's Disease Demonstration Grants to States Program Officer  
U.S. Administration on Aging  
Wilbur J. Cohen Building, Room 4270  
330 Independence Ave., SW  
Washington, DC 20201  
E-mail: [Melanie.Starns@aoa.gov](mailto:Melanie.Starns@aoa.gov)  
Telephone: 202-401-4547.

**Thank you for your interest in AoA's Alzheimer's Demonstration Program!**

## **APPENDIX A**

**SAMPLE BUDGET JUSTIFICATION FORMAT  
SAMPLE WORK PLAN GRID FORMAT**

## Budget Justification, Page 1 – SAMPLE Format with EXAMPLES

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	<u>TOTAL</u>	<u>Justification</u>
<b>Personnel</b>	\$40,000		\$5,000	\$45,000	Project Supervision (name) = .2FTE @ \$50,000/yr = \$10,000 Project Director (name) = 1FTE @ \$40,000 = \$30,000 Data Entry - Alz Assn (name)= .2FTE @ \$25,000 = \$ 5,000
<b>Fringe Benefits</b>	\$11,200	\$2,800	0	\$14,000	Fringes on Supervision and Director only @ 28% of salary. No fringes on salary from Alz Association  FICA (7.65%) = \$3,825 Health (12%) = \$6,000 Dental (5% ) = \$2,500 Life (2%) = \$1,000 Workers Comp Insurance (.75%) = \$ 375 Unemployment Insurance (.6%) = \$ 300
<b>Travel</b>	\$3,000	0	\$ 967	\$3,967	Travel to Annual Grantee Meeting: Airfare: 1 RT x 2 people x \$750/RT = \$1,500 Lodging: 3 nights x 2 people x \$100/night = \$ 600 Per Diem: 4 days x 2 people x \$40/day = \$ 320 Out-of-Town Project Site Visits Car mileage: 3 trips x 2 people x 350 miles /trip x \$ .365/mile = \$ 767 Lodging: 3 trips x 2 people x 1 night/ trip x \$50/night = \$300 Per Diem: 3 trips x 2 people x 2days/trip x \$40/day = \$480



## Budget Justification, Page 2 – SAMPLE Format with EXAMPLES

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Equipment	0	0	0	0	no equipment requested
Supplies	\$1,500		\$4,200	\$5,700	Laptop Computer for use in client intakes = \$1,500 Consumable Supplies (paper, pens, etc.) \$200/mo x 12 months = \$2,400 Copying \$150/mo x 12 months = \$1,800
Contractual	\$200,000	\$50,000	0	\$250,000	Contracts to A,B,C direct service providers (name providers) adult day care contractor = \$75,000 respite care contractor in home= \$75,000 respite care contractor-NF = \$50,000 personal care/companion provider = \$50,000  See detailed budget justification for each provider (and then provide it!)

### Budget Justification, Page 3 – SAMPLE Format with EXAMPLES

<b>Other</b>	\$10,000	\$8,000	\$20,000	\$38,000	Local Conference Registration Fee (name conference) = \$ 200 Printing Brochures (50,000 @ \$ .05 ea) = \$ 2,500 Video Production = \$20,000 Video Reproduction = \$ 3,500 NF Respite Training Manual reproduction \$3/manual x \$2000 manuals = \$ 6,000 Postage \$150/mo x 12 months = \$ 1,800 Caregiver Forum meeting room rentals \$200/day x 12 forums = \$ 2,400 Respite Training Scholarships = \$ 1,600
<b>Indirect Charges</b>	0	0	0	0	none
<b>TOTAL</b>	\$265,700	\$60,800	\$30,167	\$356667	

74.5%  
**Federal \$**

25.5% Match  
(\$88,566 is required  
Year 1 match)

## Budget Justification – Page 1 – SAMPLE FORMAT

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	<u><b>TOTAL</b></u>	<u>Justification</u>
Personnel					
Fringe Benefits					
Travel					
Equipment					

## Budget Justification – Page 2 – SAMPLE FORMAT

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	<u>TOTAL</u>	<u>Justification</u>
Supplies					
Contractual					
Other					
Indirect Charges					
<b><i>TOTAL</i></b>					

## Project Work Plan, Page 1 – Sample Format

<b>Goal 1:</b>					
Major Objectives	Key Tasks / Action Steps	Key Partners	Start Date	End Date	Outcomes
1.					
2.					
3.					

**Simply repeat this format to reflect the number of goals and objectives you have for your project.**

## **APPENDIX B**

### **Alzheimer's Demonstration Program DRAFT DATA COLLECTION INSTRUCTIONS**

# **DRAFT: AoA Alzheimer's Demonstration Grants to States Program**

## **Data Collection Protocol**

The data collection protocol has been designed to maximize the utility of the data for informing policy and practice and minimize the data collection burden on participating grantees. Each grantee will have a choice of format for collecting and reporting data to the national evaluation team. However, all required data elements must be collected and documented in a manner that produces data that are consistent across all the grantee programs. Consistent reporting will maximize the utility of the data for identifying the successes of each individual grantee as well as the entire demonstration. Consistent reporting is also necessary for comparisons to be made between data from the current and previous ADDGS programs and other national programs and studies.

### **Type of Data to be Collected**

Three types of data will be collected for the evaluation of Alzheimer's Demonstration Grants to States Program (ADDGS). Data will be collected pertaining to

- Client demographic and health characteristics
- Client service use
- Program characteristics

### **Data Collection Process**

Three types of data forms have been designed to facilitate data collection:

- The Client Intake Form
  - The Service Use Form
  - The Agency Service Profile Form

Each form is used to document different information and may be completed by different staff members. Grantees may use these forms, which will be created and distributed to demonstration programs in scanable or electronic format, or grantees may choose to collect the required data elements using other site-specific formats.

### **Data Submission Process**

Each grantee may choose to submit data in one of four ways:

- On scanable forms provided by the evaluator
- On forms accessible through a web-site (to be developed by evaluator)
- By entering the information into an Microsoft Excel file using a Microsoft Access template provided by the evaluator
- By exporting data from an existing state data base into the Excel file format provided by the evaluator

## **DRAFT Protocol for the Client Intake Form**

The client intake form is intended to provide complete information about the characteristics of the clients served through the ADDGS demonstration. In combination with the Service Use Form, this information can provide important tracking information for clients and an accurate description of the client population. This information is critical for documenting the extent to which the demonstration program reaches the target populations and for making comparisons between clients of the ADDGS programs and other national studies.

### **A. Persons for whom this record is to be completed**

THE CLIENT INTAKE RECORD IS TO BE COMPLETED FOR ALL PERSONS ENROLLED IN AN ADDGS PROGRAM OR USING A SERVICE FUNDED FULLY OR PARTIALLY BY THE DEMONSTRATION. CLIENT DATA WILL BE COLLECTED FOR:

- All persons using home-based services fully or partially funded by the demonstration. This can include: **personal care, homemaker, chore, companionship, home health, in-home paid, or in-home volunteer respite** that are provided by programs solely created for this demonstration and services provided by other agencies or existing programs.
- All persons enrolled in a group setting program fully or partially funded by the demonstration. This includes **adult day care** and **institutional respite** programs created for this demonstration and other programs, which are not exclusively funded by the demonstration that serve demonstration clients.
- All persons using client-focused services fully or partially funded by the demonstration including: **vouchers, support groups, case management, diagnostic services, assisted transportation, transportation, or legal assistance**.

### **B. Frequency and Time for Collecting Client Data**

The Client Intake Form should be completed *once for each client*. The Client Intake Form is to be completed by the time the client enrolls in their initial demonstration service regardless of the number of services provided.

### **C. Person Designated to Record Data**

The agency staff member responsible for enrolling the client should complete this form.

### **D. Frequency of Data Transfer**

DATA PERTAINING TO *ALL NEW CLIENTS* SHOULD BE FORWARDED TO THE EVALUATION TEAM FOUR TIMES PER YEAR (EVERY THREE MONTHS) USING ONE OF THE FOUR DESIGNATED DATA REPORTING PROCEDURES (SEE “DATA SUBMISSION PROCESS” ABOVE). IF DATA ARE TO BE REPORTED USING SCANABLE FORMS, THE ORIGINAL CLIENT INTAKE FORMS SHOULD BE FORWARDED TO THE EVALUATORS AND COPIES SHOULD BE KEPT IN THE AGENCY FILES.



## **DRAFT Protocol for the Service Use Form**

The Client Service Record is intended to document all of the services used by a client family. The use of all demonstration funded services delivered to a client-family should be entered on this record.

### **A. Persons for whom this form is to be completed**

A separate Service Use Form should be maintained for each demonstration client-family by every agency providing services. All services provided to a client-family by a single agency should be recorded on the same Service Use Form. Service Use information should be maintained for all persons using services from programs fully or partially funded through the demonstration.

### **B. Types of Service Use to be Recorded**

All services provided to any member of a client-family, including caregivers and elder clients, should be recorded. Services to be entered include:

- Home-based services fully or partially funded by the demonstration. This can include: **personal care, homemaker, chore, companionship, home health, in-home paid, or in-home volunteer respite** that are provided through programs solely created for this demonstration and those purchased from other agencies or existing programs.
- Group setting-based programs fully or partially funded by the demonstration. This includes **adult day care, group day care, and institutional respite** programs created for this demonstration and those programs that are not exclusively funded by the demonstration, but serve demonstration clients.
- Other services directly provided to clients that are funded by the demonstration including: **vouchers and reimbursement programs, support groups, case management, diagnostic services, assisted transportation, transportation, or legal assistance**.

### **C. Frequency and Time for Recording Service Use**

Each agency should record the dates and amount of service used by each client on a monthly basis. More frequent recording is encouraged.

### **D. Person Designated to Record Data**

Any persons designated by the agency can record this information. In the case of voucher or reimbursement programs, the Service Use information should be tracked and reported by the agency administering the program.

### **E. Frequency of Data Transfer**

All data pertaining to client service use records should be forwarded to the evaluators every three months (four times per year) using one of the four designated data reporting procedures (See "Data Submission Process" above). If data are to be reported using scanable forms, the **original Service Use Forms** should be forwarded to the evaluators and the copies should be kept in the agency files.

## **DRAFT Protocol for the Agency Service Profile Form**

The Agency Service Profile Form is designed to provide a description of the key characteristics of the service programs fully or partially funded by the ADDGS. This form will provide a user-friendly mechanism for reporting service characteristics in a standardized format that will enable comparisons to be made among the diverse programs. Agency Profile data will also be used to assess the link between service delivery characteristics and patterns of client service use.

### **A. Programs for which this record is to be completed**

Information about program characteristics should be reported for all agency-based programs that are fully or partially funded by the ADDGS project and that provide in-home support services or day care services in a group setting.

A form should be filled out for each separate service (in-home or group) that an agency may provide. In the case of group setting services, each different location/setting would constitute a separate service. For example, an agency may operate two Adult Day Cares—one located in county A and another in county B. The agency would need to fill out one Agency Service Profile Form for each of these ADCs as each ADC may offer a different variety of individual service options (personal care, assisted transportation, etc.). A form should be filled out for each ADC even if they provide exactly the same service options, as staffing, client participation, hours available, etc. may also be different.

In the case of in-home services, an agency can distinguish separate services (for which the form would need to be filled out) by location and enrollment options. If an agency runs an in-home respite service that operates separately in multiple counties or neighborhoods—that means that they have separate staff and possibly different service options in each area—they would need to fill out a separate form for each service location. However, if the agency runs one in-home program that serves five counties and uses the same staff, administration, etc. for all areas, the agency would fill out one form. Separate service programs can also be distinguished by client enrollment procedures. When a client enrolls in an agency's in-home program do they automatically become eligible to use all the service options (chore, personal care, home health, etc.) if they chose? Or does the client have to enroll (or qualify) for various service options separately? If the client is automatically able to access all service options by enrolling once, the agency (for the purposes of the ADDGS evaluation) has one in-home service and fills out one Agency Service Profile. However, if the client must enroll or qualify multiple times to access various service options, then the agency has multiple in-home programs and will need to fill out a corresponding number of Agency Service Profile forms.

### **B. Frequency and Time for Collecting Program Data**

The Agency Service Profile Form should be completed at the time that services are first offered to demonstration clients and at one-year intervals thereafter. It is not necessary for clients to use services before this information is reported. It is only necessary that the services be available to clients.

### **C. Person Designated to Record Data**

An informed employee, as designated by the participating agencies, should complete the Agency Service Profile Form. It is recommended that the employee be a director or manager of the service program to ensure the accuracy of the information reported.

#### **D. FREQUENCY OF DATA TRANSFER**

Information pertaining to program characteristics should be forwarded to the evaluation team once each year. If data are to be reported using scanable forms, the original *Agency Service Profile Form* should be forwarded to the evaluators and a copy should be kept in the agency's files.

# DRAFT PROTOCOL FOR ADDGS PROJECT ID NUMBERS

For the ADDGS project, three ID numbers will be assigned.

- **State** ID number (assigned by evaluators)
- **Agency** ID number (assigned by state coordinators)
- **Client Family** ID number (assigned by intake workers with guidelines from the state coordinator)

## State ID numbers

Each **state** will use the following two digit ID numbers:

<b>16</b> Alaska	<b>20</b> Iowa	<b>24</b> Nevada	<b>28</b> Texas
<b>17</b> Arkansas	<b>21</b> Maine	<b>25</b> New Hampshire	<b>29</b> Vermont
<b>18</b> Arizona	<b>22</b> Minnesota	<b>26</b> New Mexico	<b>30</b> Virginia
<b>19</b> California	<b>23</b> Nebraska	<b>27</b> Rhode Island	<b>31</b> Wisconsin

*(Note: The initial grantees of the ADDGS project used the ID numbers 1-15. In order to keep the data separate for later comparisons, we are using ID numbers 16-31 for the current grantees.)*

## Agency ID numbers

Each contracting agency that provides services partially or fully funded through the ADDGS should be given a four digit ID number by the state coordinator. The first two numbers of every agency ID number will be the state ID number. For example, agency number 2201 would refer to the first agency in Minnesota. Twenty-two (22) is state number (Minnesota) and 01 is the agency identifier number. We recommend that the state coordinator generate an ongoing list of all participating agencies and assign them a number as they enter the ADDGS project.

Each **agency** number will include the state ID followed by a unique two digit number assigned by the state coordinator. The state coordinator will maintain a list of participating agencies (the ID numbers, key contact, agency name, address, phone, fax, email) and forward lists to the evaluation team annually.

## Client Family ID numbers

The Client Family ID numbers are an eight digit number that includes the state ID, the intake agency ID, and a four digit counter to identify the client family. For example, Client Family ID number 19020001 would refer to the first client enrolled by the second agency in the state of California. 19 is the state number (California), 02 is the agency number, and 0001 is a counter number that identifies the client family. **The full eight-digit Client Family ID number should always be used.**

Each agency will begin with the client identifier number of 0001 and number each client family consecutively as they complete intake forms. Client ID numbers are assigned at the time of Intake into the ADDGS project. If families disenroll, DO NOT reassign their identifying number. Once a number has been assigned to a client family it cannot be used for any one else, even if they disenroll prior to using services.

If two people (for example a husband and wife with an adult child caregiver) in the same family are using ADDGS services, they would both use the same Client Family ID number. The Client Family ID number is assigned to the **family** not the individual(s) with dementia.



\_\_\_\_\_ a medium sized city or suburb of medium size city (50,000 to 100,000 people)  
 \_\_\_\_\_ a large city or suburb of large city (more than 100,00 people)

- 6. Where does the *CLIENT* reside?** \_\_\_\_\_ Lives **alone** in house or apartment (skip to 7)  
 \_\_\_\_\_ Lives in a group environment with assistance (skip to 7)  
 \_\_\_\_\_ Lives in house or apartment \_\_\_\_\_ Lives in nursing home (skip to 7)  
 with others(s) (go to 6a) \_\_\_\_\_ Other (skip to 7)

**6a. If *CLIENT* lives in house or apartment, how many people reside in the household? (Include the *CLIENT* in the total number.)**

**7. How much help, if any, does *CLIENT* need with each of these activities?**

(Check response)	needs no help/ no supervision	need some help/ occasional supervision	needs a lot of help/ constant supervision	can't do it at all
(a) Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Getting in and out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Getting around inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Using the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Doing heavy housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Doing light housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Doing laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Cooking/preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) Buying/getting food/clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) Getting around outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m) Going places outside of walking distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(n) Managing money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(o) Taking medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(p) Using telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Which of these categories is closest to *CLIENT*'s total annual income ?**  
 (If *CLIENT* is married include income of spouse)

\_\_\_\_\_ under \$8,000      \_\_\_\_\_ \$8,000 - \$11,999  
 \_\_\_\_\_ \$12,000 - \$14,999      \_\_\_\_\_ \$15,000 - \$19,999  
 \_\_\_\_\_ \$20,000 - \$29,999      \_\_\_\_\_ \$30,000 and over

**9a. Is the *CLIENT* of Spanish, Hispanic or Latino origin?** \_\_\_\_\_ No  
 \_\_\_\_\_ Yes (Record group, eg. Mexican, Chicano, Cuban)

**9b. Which of the following categories best describes *CLIENT*'s race?** \_\_\_\_\_ White  
 \_\_\_\_\_ Black, African-American or Negro

\_\_\_\_ American Indian or Alaska Native  
 (Record principal tribe)\_\_\_\_  
 \_\_\_\_ Asian (Record Race)\_\_\_\_  
 \_\_\_\_ Pacific Islander (Record Race)\_\_\_\_

10. In which language(s) is the *CLIENT* fluent?

(check all that apply)

\_\_\_\_ English  
 \_\_\_\_ Spanish  
 \_\_\_\_ Other, list: \_\_\_\_\_

---

**PART 2: INFORMATION ABOUT *CAREGIVER* (Person most responsible for Client's care)**

***NOTE: – DO NOT RECORD THIS INFORMATION IF THE CAREGIVER IS A PROFESSIONAL.***

---

11. How long has *CAREGIVER* provided most of the care?

\_\_\_\_ less than 6 months  
 \_\_\_\_ 6 to 12 months  
 \_\_\_\_ 13 to 24 months  
 \_\_\_\_ 25 months to 5 years  
 \_\_\_\_ more than 5 years

12. *CAREGIVER'S* birth date? \_\_\_\_/\_\_\_\_/\_\_\_\_

Month Day Year

13. *CAREGIVER'S* gender?

\_\_\_\_ male \_\_\_\_ female

14. *CAREGIVER'S* marital status?

\_\_\_\_ single  
 \_\_\_\_ married/domestic partner  
 \_\_\_\_ widowed  
 \_\_\_\_ other

15a. Is the *CAREGIVER* of Spanish, Hispanic or Latino origin?

\_\_\_\_ No  
 \_\_\_\_ Yes (Record group, eg. Mexican, Chicano, Cuban)  
 \_\_\_\_\_

15b. Which of the following categories best describes *CAREGIVER'S* race?

\_\_\_\_ White  
 \_\_\_\_ Black, African-American or Negro  
 \_\_\_\_ American Indian or Alaskan Native (Record principal tribe)\_\_\_\_  
 \_\_\_\_ Asian (Record Race)\_\_\_\_  
 \_\_\_\_ Pacific Islander (Record Race)\_\_\_\_

16. In which language(s) is the *CAREGIVER* fluent?

(check all that apply)

\_\_\_\_ English  
 \_\_\_\_ Spanish  
 \_\_\_\_ Other, list: \_\_\_\_\_

17. *CAREGIVER'S* employment status:

\_\_\_\_ works full-time  
 \_\_\_\_ works part-time  
 \_\_\_\_ retired but works part-time  
 \_\_\_\_ fully retired  
 \_\_\_\_ homemaker  
 \_\_\_\_ unemployed  
 \_\_\_\_ other

18. What is the highest grade in school that *CAREGIVER* completed?

- ☐ 8<sup>th</sup> grade or less  
☐ attended high school  
☐ high school graduate (Diploma or GED)  
☐ some college or post high school training  
☐ Associate degree (AA, AS, etc)  
☐ Bachelor's degree (BS, BA, etc.)  
☐ graduate degree

19. During the past week, about how many hours total did the *CAREGIVER* help *CLIENT* with :  
#hours per week

- (a) eating, bathing, dressing or helping with toilet functions \_\_\_\_\_  
 (b) meal preparation, laundry or light housework \_\_\_\_\_  
 (c) providing transportation to appointments and/or shopping \_\_\_\_\_  
 (d) legal matters, banking or money matters \_\_\_\_\_

20. Approximately how far away in travel time

does *CAREGIVER* live from *CLIENT*? \_\_\_\_\_ 0 minutes (caregiver lives with Elder Client)  
 \_\_\_\_\_ minutes

21. Which of the following services is the *CLIENT FAMILY* currently using?

(Check ALL services that are used by either the *CLIENT* OR the *CAREGIVER* )

- |   |   |
|---|---|
| <input type="checkbox"/> companion or friendly visitor  | <input type="checkbox"/> transportation services          |
| <input type="checkbox"/> supervision  | <input type="checkbox"/> case management                  |
| <input type="checkbox"/> homemaker services   | <input type="checkbox"/> support groups                   |
| <input type="checkbox"/> chore services   | <input type="checkbox"/> caregiver training program       |
| <input type="checkbox"/> personal care services   | <input type="checkbox"/> psychological counseling         |
| <input type="checkbox"/> home health services   | <input type="checkbox"/> group meals/home delivered meals |
| <input type="checkbox"/> adult daycare center/ adult day health                               | <input type="checkbox"/> other service, list: _____       |
| <input type="checkbox"/> respite in a nursing home, adult foster home, or someone else's home |   |

22. Which of these categories is closest to the *CAREGIVER*'s total annual HOUSEHOLD income excluding any income of the *CLIENT*?

- |  |  |
|--|--|
| <input type="checkbox"/> under \$8,000       | <input type="checkbox"/> \$20,000 - \$29,999 |
| <input type="checkbox"/> \$8,000 - \$11,999  | <input type="checkbox"/> \$30,000 - \$39,999 |
| <input type="checkbox"/> \$12,000 - \$14,999 | <input type="checkbox"/> \$40,000 and over   |
| <input type="checkbox"/> \$15,000 - \$19,999 |  |



DRAFT

DRAFT

DRAFT

DRAFT

DRAFT

ADDGS Client's Name: \_\_\_\_\_

Date of Birth:  
(mm/dd/yyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

 SERVICE USE FORM  
 Client Family ID #: 
 

--	--	--	--	--	--

JAN 2001

JAN 2001			Source of Payment								
Type of Service	Total Service Unit	Times Used per Month	ADDGS	OTHER	FAMILY						
Personal Care	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homemaker	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chore	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Companionship	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Day Care	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inst./Residential	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Management	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Type of Service	Total Service Unit	Times Used per Month	Source of Payment								
			ADDGS	OTHER	FAMILY						
Supervision	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support Group	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementia Assess.	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assist. Transp.	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Assistance	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FEB 2001

FEB 2001			Source of Payment								
Type of Service	Total Service Unit	Times Used per Month	ADDGS	OTHER	FAMILY						
Personal Care	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homemaker	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chore	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Companionship	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Day Care	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inst./Residential	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Management	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Type of Service	Total Service Unit	Times Used per Month	Source of Payment								
			ADDGS	OTHER	FAMILY						
Supervision	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support Group	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementia Assess.	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assist. Transp.	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Assistance	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MAR 2001

MAR 2001			Source of Payment								
Type of Service	Total Service Unit	Times Used per Month	ADDGS	OTHER	FAMILY						
Personal Care	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homemaker	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chore	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Companionship	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Day Care	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inst./Residential	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Management	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Type of Service	Total Service Unit	Times Used per Month	Source of Payment								
			ADDGS	OTHER	FAMILY						
Supervision	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support Group	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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RECORD IF CLIENT EXITED PROGRAM:

Reason for Leaving: ☐ Institutional placement ☐ Death ☐ Hospitalized ☐ Client moved ☐ Other

Date of Departure: (mm/dd/yyyy)

		/			/				
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<b>Agency delivering service:</b> _____	<b>Agency ID #</b> _____
<b>Address:</b> _____	
<b>City:</b> _____	<b>State:</b> ____ <b>Zip:</b> _____
<b>Contact person:</b> _____	<b>Phone:</b> (____) _____

## **DEFINITIONS OF SERVICE UNITS**

<b><u>SERVICE</u></b>	<b><u>UNIT OF SERVICE</u> *</b>
Personal Care .....	1 Hour
Homemaker.....	1 Hour
Chore .....	1 Hour
Supervision (vigilance or task related) .....	1 Hour
Companionship / Friendly Visitor.....	1 Hour
Adult Day Care / Adult Day Health .....	1 Hour
Institutional/Residential .....	1 Day (24 hour)
Case Management .....	1 Hour
Support Groups .....	1 Hour
Dementia Assessment.....	1 Assessment
Assisted Transportation.....	1 One Way Trip
Transportation.....	1 One Way Trip
Legal Assistance .....	1 Hour
Home Health.....	1 Hour

**\* Record unit to nearest whole unit (i.e., round up to the nearest unit)**

## **SOURCES OF PAYMENT**

**Record funding from all sources used.**

- (A) **ADDGS** (this includes funds through the Demonstration)
- (B) **Other** Sources (this refers to all sources of payment besides or in addition to demonstration funds or family contributions)
- (C) **Family** Contributions (include any payments or co-pays made by family members)

# ADDGS AGENCY SERVICE PROFILE

*(for In-Home Respite and Group Day Respite Programs)*

**Service Name:** \_\_\_\_\_ **Service ID#** \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency ID # \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name of Key Contact Person:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Title of Key Contact:**\_\_\_\_\_

**Date form completed:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Month                  Day                  Year**

**Where are services delivered?**

in home

in a group setting

**Please mark all service options provided by this service:**

## Personal Care

## Dementia Assessment

Homemaker

## Assisted Transportation

## Chore

## Transportation

Companionship/Friendly Visitor

## Information & Assistance

## Home Health

## Case Management

## Support Groups

## Overnight respite

## Group Day Care

## In Home Respite

**1. What is the maximum number of total clients your service can serve in a single day?** \_\_\_\_\_

**2. What is the maximum number of dementia clients your service can serve in a single day?** \_\_\_\_\_

**3. When is the service available?**  
*Check all that apply.*

- **Daytime**
- **Evenings**
- **Weekends**

**4. How many hours is the service available?**  
*Please enter the number of hours the service is available each day:*

<b>Mondays</b>	_____ hrs	<b>Fridays</b>	_____ hrs
<b>Tuesdays</b>	_____ hrs	<b>Saturdays</b>	_____ hrs
<b>Wednesdays</b>	_____ hrs	<b>Sundays</b>	_____ hrs
<b>Thursdays</b>	_____ hrs		

5. Are the fees for the service set at a single rate for all clients or are the fees calculated on a sliding scale basis?

- Set fee for all clients
- Sliding scale fee
- No charge to clients

6. Are clients expected to pay some portion of the cost for the services?

- All clients are required to pay some portion.
- Clients are requested to make a voluntary donation.
- Clients are not requested to make any payments.

7. Is there a maximum limit to the demonstration dollars that can be used for a client family per year?

- Yes \_\_\_\_\_ Amount \$ \_\_\_\_\_
- No

8. Can the maximum demonstration dollar limit be waived on an individual basis?

- Yes
- No
- No Limit

9. Is there a maximum number of demonstration service hours a client family can use per month?

- Yes
- No

10. Can the maximum number of demonstration service hours be waived on an individual basis?

- Yes
- No
- No Limit

11. How many full time paid staff members does this service employ? \_\_\_\_\_

12. How many part time paid staff members does this service employ? \_\_\_\_\_

13. How many full time volunteers regularly assist with this service? \_\_\_\_\_

14. How many part time volunteers regularly assist with this service? \_\_\_\_\_

**Additional Comments:**

*Please list any special or unique characteristics of your agency or service delivery models here.*